U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 /

Name Donald P Hafner Sr. Name Sheet Meta  Labor Organization File	Number 517-801				
Labor Organization File	Number 517-801				
	Suppose and the suppose and th				
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any				
Street 302 W. Poinsetta Ave. Street 3666 Carne	Street 3666 Carnegie Ave.				
City Toledo City Cleveland	City Cleveland				
State Ohio ZIP Code + 4 43612 State Ohio	ZIP Code + 4 44115-2714				
5. Position in labor organization.  Business Representative					
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):					
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
6. Name and address of Employer (including trade name, if any).  7.a. Nature of Interest, Transaction, or Income.					
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
7.b. Amount.					
Street					
City	\$0				
State ZIP Code + 4					
Signature					
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)					
Signed 1 mel Com S On 8/10/2005	(419) 478-4278				
Date	Telephone Number				

Name of Person Filing Donald Hafner Sr.	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name	parents.			
Trade Name, if any:	a. Labor Organization b. Trust			
P.O. Box, Bldg., Room No., if any	виническогд денестине			
Street	c. Employer			
City				
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name	And the second s	рашнатеррия		
Trade Name, if any:		The state of the s		
P.O. Box, Bldg., Room No., if any		THE PARTY OF THE P		
Street				
City	Approximate dollar value of such dealing.      Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.	\$0		
State ZIP Code + 4	2.a. Hadde of literest field of liteotic received.	And the second s		
Entertain data transcription de la company d		The state of the s		
•		Average and a second se		
		A AND COMMON AND AND AND AND AND AND AND AND AND AN		
	12 h Amount	20		
	12.b. Amount.	\$0		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name		Annual myreseminyd		
Trade Name, if any:		diamental transmission		
P.O. Box, Bldg., Room No., if any	THE PROPERTY AND THE PR	SERVICE CONTRACTOR OF THE PROPERTY OF THE PROP		
Street				
City		TETTYVZZIAVYVA		
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	\$0		